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ABSTRACT

There is currently a strong interest in brief psychodynamic therapy. Therapists adopting this approach need to become familiar with different character or personality styles. The psychodynamic therapist who understands and works in conjunction with the client's particular character style will be able to establish a therapeutic relationship more quickly and progress with the client at the most appropriate and efficient pace. Individuals with a masochistic personality are both very common and very frustrating to work with in psychotherapy. The concept of masochism has been addressed regularly in the literature beginning with Krafft-Ebing and Freud. Masochism can best be thought of as a self-defeating way of loving. Due to their seemingly contradictory dynamics, masochistic clients are challenging in therapy, appearing overtly pleasing and self-sacrificing but remaining inwardly ambivalent, angry, and willful. The masochistic individual does not enjoy pain but seeks it out for the important functions it serves. Treating the masochistic client can be both challenging and frustrating. Therapists need to take the position of caretaker while allowing the masochistic client to practice autonomy. The therapist needs to combine support with caring confrontation. The therapist should help masochistic clients to become more realistic, teaching them that they can be loved without having to suffer. Thirty-one references are attached. (ABL)

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The Masochistic Personality: Dynamics and Treatment Techniques

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RUNNING HEAD: THE MASOCHISTIC PERSONALITY

Abstract

Individuals with a masochistic personality are both very common and very frustrating to work with in psychotherapy. The purpose of this paper is to introduce the reader to this complex personality style. Four areas of masochism are examined: 1) a brief history of the term masochism, 2) dynamics, 3) etiology, and 4) techniques in psychotherapy. The paper combines theoretical material from the published literature with personal clinical observations and specific techniques for psychotherapy with these individuals.

There is currently a strong interest in brief psychodynamic therapy (e.g. Strupp & Binder, 1984; Gustafson, 1986). Therapists adopting this approach need to become familiar with different character or personality styles (e.g. Shapiro, 1965; Horowitz, et al. 1984). The psychodynamic therapist who understands and works in conjunction with the client's particular character style will be able to establish a therapeutic relationship more quickly and progress with the client at the most appropriate and efficient pace.

This paper is meant to be an introduction to one of the most common personality styles - the masochistic style. Four areas will be examined: 1) a brief history of masochism, 2) dynamics, 3) etiology, and 4) techniques in therapy.

Brief History of Masochism

The term masochism has appeared regularly in the psychological and psychiatric literature beginning with Krafft-Ebing (1900) and some of the early works of Freud (1905; 1919; 1924). Throughout the years it has been transformed with regular frequency by various authors (e.g. Reik, 1941; Berliner, 1958; Panken, 1983; Grossman, 1986). This continual transformation has resulted in both a richer and deeper understanding of masochism and a confusion and uncertainty both theoretically and clinically (Greif, 1989).

Krafft-Ebing (1900) focused on masochism as a sexual perversion and and used it to designate the practice of gaining erotic pleasure from passive-submission or actively seeking out humiliating and/or cruel behaviors bestowed by a loved one. Interestingly, empirical studies suggest that practicing sexual masochists are "remarkably normal, at least in respect to their non-sexual activities" (Baumeister, 1988, p. 30).

Freud (1924) distinguished between sexual masochism (lusting for pain) and moral masochism. He defined moral masochism as a "norm of behavior" which could involve sexual suffering but was more encompassing. In moral masochism it was the suffering itself that mattered, with the masochist continually ready and alert to reach out to receive a "blow." In

short, Freud interpreted the masochistic process as the individual's own sadism toward a loved and hated object turned inward and directed at the self.

Reich (1949) and later Panken (1983) present clinical evidence that masochistic individuals do not feel pain as pleasurable, but resign themselves to endure this suffering because they have come to believe that it is a necessary prerequisite to having their needs met. Similarly, Reik (1941) believed that masochists seek pleasure as much as others but are convinced that punishment must accompany that pleasure. To avoid the anxiety of not knowing when the punishment will occur, the masochist voluntarily submits to the suffering - even seeking it out - in order to be able to enjoy the pleasure. It is similar to the child who voluntarily jumps into the pool knowing the bully will push him or her in eventually. Reik describes this as "victory in defeat".

Berliner (1958) saw masochism as a defensive function and a neurotic solution to avoiding fear of abandonment. This fear of abandonment is accomplished by denying the love object's hostility and hate (along with one's own) by making suffering and submission a required part of loving and getting love and gratification. To put it very simply, masochists take on suffering, even seek it out, not because they love punishment, but rather, to make themselves more worthy of love.

In summary, masochism has had a history of many transformations in the clinical literature. It has moved from being used to designate a specific sexual practice to a more encompassing term for people who practice a self-defeating way of loving (Berliner, 1947; Grief, 1989). In this paper, masochism refers to this self-defeating way of loving. The masochistic individual feels "embedded in a subjective world of pain and suffering...A sense of self is never truly established, and what little has been acquired is always coupled with a sense of pain and oppression" (Grief, 1989).

It should be noted that this masochistic character style is not dichotomous nor mutually exclusive with other character styles (e.g. narcissistic, hysterical, borderline). Rather, this

character style should be thought of in terms of a continuum. When evaluating a client one should not ask, "Is this client a masochist?" but "How masochistic is this client?". If the client defends against anxiety with a significant masochistic style, this needs to be incorporated in the therapy.

Dynamics of the Masochistic Style

Masochistic clients are challenging in therapy because of their seemingly contrary dynamics. They are overtly pleasing, self-sacrificing, and self depreciating, but inwardly willful, ambivalent, and angry (Johnson, 1985; Montgomery, 1989a). This willfulness and anger is usually demonstrated with whining and passive provocation (Glickauf-Hughes & Wells, 1989). In therapy they can act like the passenger of an oceanliner who has fallen overboard. The passenger keeps shouting for help while pushing away all life preservers tossed in his or her direction by concerned rescuers.

Masochistic clients are caretakers. They often begin being ingratiating from the first interview. For example, it is not unusual for masochists to mention how hard it must be for the therapist to listen to people's problems all day.

These clients have a history of being reinforced for giving of themselves to others. They do not feel they will (or should) be given to unless they do something to "earn it." Masochists have a very "low opinion of themselves so they feel they are not good enough to get what they want, a better person deserves it" (Sandler & A. Freud, 1985, p. 448). For example, they may repeatedly question verbally or to themselves if they should be "using up" this valuable therapy hour when others are probably more deserving or "crazy". In addition, they feel that when people love them, it is for what they do - not for who they are.

With this in mind, it is possible to imagine the frustration and pressure that the masochistic client feels when beginning therapy. The client feels an obligation to do something to earn the therapist's help, but has no idea how to do that.

This overly generous concern for others is a camouflaged altruism because it is accompanied by an enormous (often unconscious) resentment of this " more deserving person" (Sandler & A. Freud, 1985).

Another reason masochists are caretakers is because this is how they can dominate the caring/giving process. By taking control they are less vulnerable to having express and acknowledge their own needs. Instead, they strive to meet their needs vicariously through caring for others' needs (Glickauf-Hughes & Wells, 1989).

A paradox which is particularly frustrating for the masochistic client as well as the therapist is that the masochistic client has great difficulty accepting help, advice, or compliments from others. This difficulty is due to a strong ambivalence about giving themselves up to others for help. They simultaneously wish and fear that the other will take care of them.

Masochists see caretaking as a "Trojan Horse" - while it looks very inviting they can't help but be suspicious and on guard (Glickauf-Hughes & Wells, 1989). This ambivalence results in these clients asking for assistance and support while they fear that the other will take advantage of their vulnerability and hurt, humiliate, or abandon them. When help is offered they reject it and continue complaining that they need help.

Related to not being able to receive help, individuals with a masochistic style cannot stand praise (Panken, 1985). They see compliments as phony and respond by putting up their guard to avoid being duped. Many masochistic individuals grew up with a one critical parent and one "pollyanna" or "salesperson" (C. Glickauf-Hughes, personal communication, Spring, 1988). One parent would heap on the praise in superfluous terms. Later, when the child made a mistake, the other parent would criticize and belittle the child; often in great detail. This mixed message when growing up becomes strongly entrenched. As a result, the masochists goes through life hearing compliments and then "waiting for the other shoe to drop." When the critical comment doesn't follow the praise the masochist feels suspicious and uncomfortable;

often distorting the compliment into a criticism.

As previously mentioned, the masochistic individual does enjoy the feeling of pleasure. However, he or she has difficulty taking in pleasure. The environment of the developing masochistic personality has been described as hostile (Bromberg, 1955), intrusive (Johnson, 1985), and unpredictable (Nydes, 1963; Giovacchini, 1984). To protect themselves against this, masochists develop rigid defenses or thick boundaries in an attempt to block out this negative, hostile intrusion. Unfortunately, this plan of protection backfires. Because painful sensations are more impelling than pleasurable ones (Freud, 1953), pain has a better chance of permeating the rigid defenses than pleasure.

While this pain is not pleasurable for the masochist, it does serve some important functions. First, it helps the masochist feel. While pain is not a good feeling for the masochist, it is preferable to numbness. When getting a back massage from another group member in therapy, the masochistic individual requested that the massager notice "not be afraid to really dig his fingers in; if it doesn't hurt I can't feel it" (Glickauf-Hughes & Wells, 1989). It is not unusual for masochists to feel similarly regarding sexual interaction. Secondly, this pain helps the masochist establish self-definition (Montgomery, 1989b) and feel connected to others (Cooper & Fischer, 1981). Since pain was incorporated into the masochist's important relationships when growing up, he or she is now "comfortable" with it; and knows no other method of interpersonal interaction. Consequently, the pain helps the masochistic person feel connected to others. Masochists are overly sensitive to others' hurting emotions and are quick to pick up on them. They use this skill in empathizing and connecting with others who are hurting. Unfortunately, it is much easier for masochists to take in another's pain than another's pleasure. Consequently, they can distort another's pleasure into pain in order to feel connected. The client will distort the benign therapeutic environment to one that is more familiar (Giovachini, 1984; Montgomery, 1989a).

A masochistic client was making a genuine effort to express some negative affect she had towards the author. The author listened, empathized and complimented the client on taking this risk. He stated, "I remember you saying that it was hard to be critical with me. I appreciate your courage in taking the risk and sharing your feelings with me anyway." Rather than take in the compliment, the client looked hurt. When this was questioned she said she felt the therapist was disappointed in her for not being more comfortable with criticizing him. In this case the client wanted to take in from the therapist, and connect with him but could only do this by distorting his complimentary, warm feeling into a critical one.

Finally, masochists use this feeling of pain to feel separate and individuated from others. In fact, Johnson (1985) sees masochism primarily as a pathology of individuation. Masochists get very uncomfortable when they sense that others are feeling hurt and/or pain. They prefer to be the holder of all the pain in a relationship. If pain and suffering is shared or given up they lose their feeling of separateness from the other person. Consequently, when in conflict with significant others masochist will apologize and take the blame even when they realize it is not their fault. Masochists will take the blame when conflict for three reasons: 1) they have a history of parent and later partners who use projection, 2) they have a fear of object loss or loss of the object's love, and 3) they need to feel some control in their lives. Since the masochist has a life style involving continual surrendering and expectation of pain, they prefer to take control and at least decide when it will strike. Self-imposed pain and blame seems to hurt less (Glickauf-Hughes & Wells, 1989).

The Etiology of Masochism

Panken (1983) contends that the first important factor in the development of the masochistic personality is early deprivation. Masochists' parents, due to their own narcissism fail to adequately meet the child's early dependency needs. This early deprivation results in these children growing up unaware of their own needs (Bromberg, 1955; Grand, 1973).

Asking the masochist about his or her needs in the therapy process often brings a confused and strained look to his or her face as they struggle with trying to comprehend meaning of the question. It is not a difficult because of an elusive answer as much as it is difficult because the meaning is unapprehensible.

The masochist is raised in an unpredictable environment (Nydes, 1963; Giovacchini, 1984.) The narcissism of the parents results in the child being attended to and reinforced or punished based on the needs and moods of the parent more than the needs or behavior of the child. In fact, the child may be both reinforced and later punished for the same behavior. One client's childish, narcissist mother could not recover from her husband's divorcing her. She would project her anger on her daughter. When the client would visit home from school the mother would tell her, "I hate it when you come home - You're so angry!" When it came time for the client to return to school the mother would regularly say, "If you didn't come home to see me I would die!". Other times the mother would pressure the client to join her in sharing examples of how "all men are assholes" but later accost the client and continually ask her why she wasn't dating.

Berliner (1958) suggests that the parents of masochists are not purposely severe and cruel. If this were the case we would expect the children to have a propensity toward an antisocial personality (Weiner, 1982). Rather, Berlin sees these parents as intensely ambivalent with a tendency towards hostility. The parent induces in the child the concept that ill treatment is an aspect of love and guilty feelings make the child lovable. And Nydes (1963) states that it is parental authority that is inconsistent and irrational rather than overtly harsh, which is necessary for the development of the masochistic personality.

The masochist's parents are overcontrolling. When these children begin to assert their will and right to be independent, the parents crush this will (Johnson, 1985; Montgomery, 1989a) often using shame (Gorney & Muller, 1989; Montgomery, 1989a) The parents win this battle due to their greater power and the natural dependency of the child. The battle resolves

with the child giving in with an overt compliance but building up a strong underlying resentment and defiance (Montgomery, 1989a).

This degree of overcontrol can vary. One female client spoke of making attempts to be more autonomous and independent. Her parents observed her closely and when she would fail would regularly remind her "We told you so!". An extreme example of the overcontrolling tendencies of the masochist's parents is given by a female client whose husband divorced her while she was pregnant. When the child was born the client's mother took the child to raise as her own rather than allow the child to be raised by someone as "inadequate" as the client.

While these parents are overcontrolling they lack self -control. They project their need for self-control onto the children. Children in these families regularly hear "Do as I say, not as I do." They learn that they are to be "seen and not heard" (Menaker, 1953). Consequently, these parents demand that their children demonstrate control over their impulses before they are developmentally capable of this, while the parents act with lack of self-control and unpredictably (Nydes, 1963; Giovacchini, 1984). One client remembered his father angrily saying, "There will be no hitting in this family! If I see you hitting your brother again I'll beat the crap out of you!". Another client spoke of how his father reprimand his children for calling each other names. However, when he was frustrated with them he would call them the same names.

There is another hypocrisy in these families as well. One or both parents present one way to the world and another way to the child (Bromberg, 1955). The world views the parent as self-sacrificing, kind, and constantly devoted. The child sees the parent as narcissistic and hostile. An extreme version of this character style is Nurse Ratchett from the film "One flew over the cuckoo's nest." One client shared how miserable she felt because her mother would treat her friends nicer than her. She felt hurt and confused when her friends said they envied her for having such a nice mother. The child is regularly told by others how kind and giving his or her parents are and forced to collude that the parents are "all good". The child learns to

deny his or her own experience and comes to believe that the reason the parents are being withholding or unkind must be because he or she is the one at fault (Glickauf-Hughes & Wells, 1989). With this distorted explanation, the child exonerates the parents and becomes convinced that the giving, kind attention and love of the parents will be there as soon as the child merits it (Grand, 1973). Masochists learn that they are only valued for what they do.

The masochist's exoneration or denial of hostility and aggression by parents and significant others is regularly observed (e.g. Oakes, 1989, p. 55). There are a number of reasons that this denial is adopted and sustained. Infants treated with ambivalence, hostility, and aggression are unable to perceive this. Later, the developing child is capable of perceiving this type of treatment but this leads to frightening angry feelings toward the parent. To avoid fear of separation and abandonment the child represses these angry feelings. The child "decides" it is safer to see the parent as "all good" and attribute the frustration in the relationship to himself or herself (Menaker, 1953).

This denial and distorted perception of the child-parent relationship is sustained by the parent's use of projection and other defense mechanisms. Bromberg (1955) has observed that mothers of masochists regularly use denial, reaction-formation, displacement, rationalization, and projection. Bromberg reports that the parents use these defenses in accusing the child of ingratitude and inconsiderateness which results in lowering the child's self-esteem. Others agree and describes the parents of masochists as both demanding and never satisfied (Grand, 1973; Sacksteder, 1989).

The parents of masochists use their children to satisfy their own needs rather than attending to their children's needs (Glickauf-Hughes and Wells, 1989). Since the children are put in a position of having to satisfy their parent's dependency needs, they must also try to find a way to have their own needs met. They attempt to resolve this dilemma by learning to get their needs met vicariously by taking care of others.

This dilemma was especially frustrating and exhausting for a female client whose parents recently divorced. The divorce was prompted by the father's being diagnosed with paranoid schizophrenia. The mother dealt with this by acting-out - having a number of short affairs with married men. The client felt an obligation to care for the "abandoned" father, "cure" the acting-out mother, and "save" her little brother from the mother's negative influence; all while carrying a full class load in a university miles away from home. The pressure was overwhelming and the client sought counseling. While she could consciously acknowledge that she could do little to actually assist her family, she could not just "be logical" and stop trying to help them because this was her only known way of getting her needs met.

Although the masochist's parents expect them to behave in a hyper-responsible manner, the masochist usually does not achieve adequate adult functioning (Grand, 1973). One reason for this is that the parents have not mastered adequate adult functioning skills. Secondly, the skills they have mastered are often not handed down due to their insufficient parenting skills. Finally, many mothers of masochistic children lack genuine maternal feeling and the ability to soothe, comfort and demonstrate affection. Thus, masochists cannot introject these skills and apply them towards themselves.

Near the termination of a successful therapy with a female masochistic client she watched "The Wizard of Oz" on television. At the next therapy session she spoke of crying during the scene where Dorothy has to say goodbye to all of her new friends. At the same time, the client realized that Dorothy did need to return home. She responded to an urge to call her mother and let her know that there is "no place like home." The mother was also watching the film that evening. However, rather than empathize and take in the client's tender feelings, the mother only spoke of how evil the witch was and how frightened the client had been of the witch as a child. This is an example of what Menaker (1953) observed years ago. The parents of masochists try to compensate for this discomfort with tenderness and inability to express affection by infantilizing and overprotecting their children. Consequently, the masochistic

individual is not granted the opportunities and encouragement needed to develop appropriate independence.

In another session this client reported empathizing with her mother when the mother was feeling very blue. At these times the mother would regularly accuse the client of being ungrateful for all her sacrifices. This time the client responded, "I'm not ungrateful, but I can see why it hurts you so if you think I am." The mother was incapable of taking in this tenderness. She distorted the empathic statement, became agitated, and shouted "No, no, don't try to get out of this by blaming me."

It has been suggested that the parents of masochists are so self-involved that the children only get attention when they misbehave (Berliner, 1947) or are physically ill (Panken, 1983). These children learn that they are most loved when they are suffering (Panken). What they receive from their parents when ill is more accurately pity rather than love (Grand, 1973). However, the masochist confuses or fuses pity with love. Making pity a needed aspect of love makes it difficult for the masochist to get love and a high level of self-esteem (Glickauf-Hughes & Wells, 1989).

Treatment of the Masochistic Personality Style

Treatment of the masochistic client can be challenging and frustrating for the reasons mentioned earlier. They are difficult to understand and treat (Grief, 1989). However, because of the great frustration and confusion the masochist is experiencing, it is especially gratifying to see them succeed in therapy. The following techniques are particularly important in treating the masochistic client.

Empathy and understanding. While all clients need the therapist to empathize with them, it is exceedingly important for masochistic clients (Grief, 1989). This is because they have learned to doubt their own experiences. The following types of statements are especially empathic for these clients:

-"It feels that if you could just figure out the right way to behave, s/he would change and treat you differently."

-" You've had a lot of practice taking all the blame. Maybe you're even used to that. But I'll bet sometimes you really get tired of it."

-"When people compliment you, it feels like a trick. But when they criticize you, it feels like the absolute Truth."

-"When you're taking care of someone it's easier to believe that they love you, but when you're depending on them you're not so sure."

A female college student would not be meeting with the author for two weeks as both therapist and client would out of town for Christmas break. The client was asked about her feelings concerning not meeting during the break. She replied that it would be difficult for her. She was somewhat frightened and anxious that she would regress to her earlier level of depression. The client had worked hard and her ego strength was significantly enhanced since beginning therapy. The author normalized her feelings and added that he was confident that she would not "fall apart." The client looked pensive and asked "Is this a stock speech?" She questioned the therapist's confidence in her but acknowledged that she would have no suspicion if he were to be critical and predict her "falling apart."

Masochistic clients need help in understanding themselves. Many things are confusing and mysterious to them; including the following:

-Why they're drawn to critical and/or rejecting people. (They're most comfortable with them.)

-Why they need to be in charge and take care of people. (They get their needs met vicariously. They feel more "lovable").

-Why people get so angry at them when they are so nice and helpful. (They ask for help but don't take it. They frustrate others and distort compliments into criticism).

The masochistic client cannot cope with a warm and non-threatening environment (Giovacchini, 1984; Montgomery, 1989a). When in a truly benign environment one can observe masochists react as if this were beyond their comprehension; and they panic. In other words, the client's ego is acclimated to a frustrating environment. As Giovacchini puts it "the patient feels frustrated because the analyst refuses to frustrate him" (p. 122). The following example illustrates difficulty in dealing with a warm and non-threatening environment.

An 18 year old female student felt aloof and angry in the session. She felt something was wrong, but felt frustrated because she "had no reason to be upset." As the author and client processed this, the client acknowledged a discomfort with the counseling environment because she was getting something while the therapist was "getting nothing." The client then remembered hiding in a closet as a child when she needed to cry. She had learned that if she cried in front of her parents, they would berate her for "crying when there was nothing to cry about." The client then disclosed that she was using all her energy in the session to hold in her emotions. After the session she would rush to the restroom and "cry for 20 minutes." While she believed that the therapist would be accepting of her crying in the session, she stated that she could not deal with that.

After these clients understand why they feel and act as they do, the therapist can then provide the specific corrective relationship to help them work through issues.

The therapeutic relationship. With masochistic clients it is especially important for the therapist to be consistent, dependable, and reliable. This is needed to counteract the unpredictable environment they had when growing up (Nydes, 1963; Giovacchini, 1984).

A 19 year old female client canceled her session after attending regularly for three months. When she attended the following week, this was processed. The client reported not feeling "bad" (depressed or anxious) the previous week and so thought the therapist would not be interested in seeing her. She then related this to only getting attention from her parents when she was sick or "bad." The author told her, "It's hard for you to believe that I'm willing

to be here for you if you're not suffering. I'm wondering if you can see how that can lead to your feeling frustrated and resentful of me."

It is important to be dominant with masochistic clients from the very start in terms of caretaking because they will try to assume this position. During the intake it is not unusual for the masochistic client to mention "how hard it must be for you to listen to people's problems all day." It is important to establish your dominance as caretaker immediately and directly. For example, the therapist can respond, "No, it's not - and I hope that you can believe that. If you don't it may keep you from sharing with me what you need to and you won't get better as a result of your hard work."

Similarly, if a masochistic client discloses that "It was hard for me to come today," the therapist should not simply respond, "I'm glad you did." This sets the stage for the client believing he or she is attending sessions for the therapist's benefit. Rather, the therapist can respond, "It's encouraging that even when a part of you doesn't feel like coming, the part of you that wants to get better is stronger."

Unlike other types of clients (e.g. hysterics or obsessives) it is more appropriate to give masochists advice and direct guidance at times that they ask. This is because they had insufficient help when growing up and need this "reparenting."

A 34 year old female client asked what was the "best way" she could spend her two weeks while the author was out of town. She asked if there was book that she could read to continue working. Rather than process the client's need to work in order feel "loved" the author replied, "You've been working hard in here and I think you deserve a 'vacation'. I feel it would be best if you relax and take a break from 'self-improvement'." The client became tearful and acknowledged that that is what she wanted to do but worried that the therapist would think less of her for not constantly working.

The therapist will be ready to help the client long before the client will allow this. (Giovacchini, 1984). Consequently, the therapist should prepare for this. Specifically,

remember that masochistic clients will believe the therapist is conning them. They will not be ready to be vulnerable. They hate not being in control. In fact, being at the other end of the "helping relationship" makes them feel "out of control."

While it is important to be dominant in terms of caretaking, it is also important to allow these clients to practice their autonomy (Grief, 1989), because the parents attempted to break the child's will (Johnson, 1985).

The therapist should not be intrusive or controlling in the session. The therapist may ask the client a question and notice that the client is especially hesitant. The therapist should recognize this and ask, "Would you rather not answer that question at this time?" If the client acknowledges this he or she should be reinforced. For example: "I'm encouraged and appreciative that you can be honest with me and take care of yourself."

These clients need to see how their not saying "No" and not being direct keeps them from getting what they need. They want the therapist to be a mindreader and are then disappointed when they learn that this is not the case. Saying "no" and disagreeing with others in an appropriate manner is a skill that masochists have not developed. The therapist should encourage them when they practice this in the sessions.

Related to this, it is important for the therapist to acknowledge his or her mistakes with masochistic clients. Therapists must keep in mind that these individuals have been blamed for everything all of their lives (Glickauf-Hughes & Wells, 1989). When masochistic clients are angry at the therapist the therapist should examine in detail how the client may have a point in being angry with the therapist. The therapist should admit his or her error or mistake without putting himself or herself down. This modeling is helpful to the client.

Masochists are automatically wary of people lying or being phony with them. While it may be maladaptive at this time, it was good reality testing when they were growing up. The previously mentioned client who asked the author if "This is a stock speech?" was strung along by her parents regularly. It is understandable that she would be wary of the therapists

expression of confidence in her. Rather than emphasize that he would never lie to her, the author admitted that he could be lying just to appease the client but in this case he was not giving a stock speech and genuinely felt confident in her. This is especially healing for masochistic clients. It is helpful in four specific ways: 1) they learn to trust their perceptions, 2) they learn they are not always to blame, 3) they come to trust the therapist not to blame them and make them feel crazy, and 4) they will be less likely to misinterpret the therapist's motives and behaviors because they will risk disclosing their feelings and perceptions.

More than other types of clients, it is especially important for the therapist to genuinely like masochistic clients. While most clients want to be liked by the therapist this need is especially great in the masochist. They need to be liked for who they are because they have a history of being liked for what they do. Their perception that the therapist likes them helps increase their self-esteem.

If the therapist does not like the client it is probably best to refer. Otherwise the therapist will simply be repeating the hypocritical relationship the masochist had with his or her parents. As C. Glickauf-Hughes (personal communication, Spring, 1988). describes it, it is perceived as the therapist telling the client, "I'm a good person trying to help you. If you think I don't like you its because you're ungrateful or crazy."

The therapist needs to alternate between support and caring confrontation. For example, the therapist should be patient while the client struggles with the discomfort of a clearly benign relationship. However, the therapist should be confrontive when the client is passive-dependent or using projective-identification with their anger (e.g. Montgomery, 1989a).

During a session the client was completely silent although she had been quite verbal in previous sessions. The author was confrontive. "When you come in here and just sit silently I feel like you want me to do all the work. I don't like that feeling. I don't think its fair." The client responded that this was not intended. Rather, felt particularly "stuck" and could not decide what to discuss today. The therapist responded, "That's understandable, but I would

prefer it if you could simply tell me that."

Another client was very angry at her mother but defended against facing these feelings. Instead, she would tell stories of the cruel way her mother treated her; all the while smiling and not appearing upset. Meanwhile, the author noticed himself getting extremely angry at the mother. He sensed the projective-identification and confronted the client. "As I listen to you I notice I'm getting very angry at your mother. I sense that you are telling me these stories in the hope that I will get angry at your mother and then maybe you feel somehow you won't have to."

The therapist refused to rescue the client from her angry feelings toward her mother. This non-critical confrontation demonstrated to the client that caring, helping and limit-setting are compatible.

The therapist should reinforce these clients when they can appreciate aspects of themselves that are not connected with caretaking. For example, when a masochistic client feels proud of her attractiveness or a particular success in her life the therapist should make it clear that this is appropriate. These individuals need to learn that they can be appreciated for things other than their caretaking. In contrast, this should not be done with a more narcissistic client. With a narcissistic client the caretaking behaviors would be validated rather than attractiveness or success.

Masochists did not have anyone to listen to their grievances when they were growing up. It is essential that the therapist tolerate their complaints in the therapeutic relationship; specifically the client's complaints about not getting help from therapist. The masochistic client was very skilled at being a "good kid" (i.e. one that didn't make many demands or complain to his or her parents). They need to learn that it is appropriate to complain and that they will not be abandoned for this.

For example, one client was sometimes not clear and the author would not be able to completely understand her. When the therapist sensed the clients frustration it was addressed.

"It must be frustrating taking the risk of coming here and trying your best to tell me your concerns only to find that I don't understand you." The client nodded, then "caught herself" and added, "But I don't blame you. I know you're trying to help me." The therapist responded, "Yes, I am trying to help you but when I don't understand you its frustrating nonetheless." The client was learning that getting frustrated or exasperated with the therapist was understandable and acceptable, and would not result in his interpreting it as a sign of ingratitude.

Finally, it is important for the therapist to help the masochistic client learn to be realistic. These clients have a lot of fantasies about the world because they grew up in in an environment that was an interaction of reality and fantasy (Montgomery, 1989c). They believe that their relationships will magically be transformed when they begin acting "correctly." They fiercely defend loved ones; struggling to remain blind to the other's clear faults and shortcomings.

Many fairy tales have a masochistic theme; that suffering leads to love and happiness. It is interesting to find that many female masochists have an almost heroic respect and admiration for the character, Cinderella. Montgomery (1989c) writes in detail of the masochist's fantasy of "hero as victim." Abused clients will attempt to reenact the role of victim in the therapeutic environment (Hamilton, 1988). As one therapist put it, (It's like she is) "forcing me to treat her roughly" (Hamilton, 1988, p. 240). Related to this, the abused masochistic client will often introject the victimizer and identify with the abuser.

A 19 year old female client was regularly sexually abused as a young child by a neighbor. When asked of her feelings toward this man she could only report feeling "sadness for someone who is so sick he hurts little girls." It was clear that the client felt intense rage but was not facing this. When the client was confronted about this, she became even more unrealistic. She attempted to convince the therapist and herself that "in a way, the man (abuser) was helpful because maybe he gave me a headstart on my sex education." The therapist was direct and responded, "I don't think you believe that even as you say it. If you had a daughter who was sexually assaulted you wouldn't say that to her." The client agreed and was able to get in touch

with her more realistic feeling of hatred for her abuser.

Masochists will be resistant to becoming more realistic because then they will be less victimized. This will then result their feeling less the "hero." Consequently, moving them towards a more realistic outlook of the world must include teaching them they can strive toward being a different type of hero; one that is able to take in comforting, express personal needs, be autonomous, and value themselves rather than their caretaking behaviors.

Summary

The concept of masochism has been addressed regularly in the literature beginning with Krafft-Ebing and Freud. Krafft-Ebing perceived masochism strictly as a sexual perversion, while Freud examined "moral masochism" as a more encompassing personality style. In this paper, masochism can best be thought of as a self-defeating way of loving.

Due to their seemingly contradictory dynamics masochistic clients are challenging in therapy. They appear overtly pleasing and self-sacrificing but are inwardly ambivalent and willful.

The masochistic individual does not enjoy pain but seeks it out for the important functions it serves; specifically, to help the individual feel, establish self definition and feel connected to others, and feel separate and individuated from others.

The masochist is raised in an unpredictable environment and suffers from early deprivation of dependency needs. The parents are overcontrolling and hypocritical.

Treating the masochistic client can be challenging and frustrating. They are difficult to understand and often distort a benign environment into a critical one. Empathy is especially important for masochists because they have learned to doubt their own experiences. The masochistic client needs for the therapist to be consistent, dependable, and reliable to counteract their history of unpredictability.

Therapists need to take the position of caretaker while alloving the masochistic client to practice autonomy. The therapist needs to combine support with caring confrontation.

Finally, the therapist should help the masochistic client to become more realistic. This more realistic outlook must include teaching them that they can be loved without having to suffer, that they are allowed to take in comforting and express their needs directly, and that they can value themselves rather than their caretaking behaviors.

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